

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-030130

STATE FILE NUMBER

AMENDED

Registration District No. 247

Primary Registration District No. 5786

Registrar's No. 59

## 1. PLACE OF DEATH

a. COUNTY

Mississippi

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Ohio Township

Length of stay in 1b

1 day

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Highway 60

Inside Limits

Yes ☐ No ☒

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE

Illinois

COUNTY Alexander

admission)

c. CITY  
OR TOWN

Cairo

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

706 Cedar St.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Arby

Middle

Davis

Last

DATE

OF DEATH

Month

Day

Year

August 24, 1961

## 5. SEX

Male

## 6. COLOR OR RACE

Col.

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

## 8. DATE OF BIRTH

June 29, 1926

## 9. AGE (last birthday)

35

## IF UNDER 1 YEAR

## IF UNDER 24 HR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

Charleston, Missouri

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

James Davis

## 13b. MOTHER'S MAIDEN NAME

Doris Funches

## 14. NAME OF HUSBAND OR WIFE

Rosetta Davis

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

No

(If yes, give war or dates of service)

## NO.

## 17. INFORMANT

## Address

Mrs. Rosetta Davis, 706 Cedar, Cairo, Ill.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
- PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Fractured Skull &amp; Internal Injuries

## INTERVAL BETWEEN ONSET AND DEATH

Instant

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

☒SUICIDE ☐HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Truck - Car accident 100 Foot West of Cairo Bridge - An unknown object entered the

## 20c. TIME OF INJURY

Hour Month, Day, Year  
2 A.M. Aug. 24, 1961

facial side of skull causing instant death

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☒

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Highway # 60

## 20f. CITY, TOWN, OR LOCATION

100 feet west of Bridge

## COUNTY

Missouri

## STATE

## 21. I attended the deceased from

After death as Coroner

and last saw her alive on

## Death occurred at

2:00

A.

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Coroner

## 22b. ADDRESS

Charleston, Missouri

## 22c. DATE SIGNED

8/28/61

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

Aug. 27, 1961

## 23c. NAME OF CEMETERY OR CREMATORY

Oak Grove Cemetery

## 23d. LOCATION (City, town, or county)

Charleston, Missouri

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

L.R. Sparks Charleston, Missouri

## 25. DATE RECD. BY LOCAL REG.

9-1-61

## 26. REGISTRAR'S SIGNATURE

Dorothy B. Haddon

(Licensed Embalmer's Statement on Reverse Side)

SEP 8 1961

SEP 11 1961

OCT 4 1961

MAR 15 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Louis Robert Jones

Licensed Embalmer No. 5132

P. O. Address Charleston

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.